

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:
 DFAS Accounts Payable (A/P)
 P.O. Box 1643
 Jefferson City, MO 65102-1643

DFAS USE ONLY

EFT _____ PAPER _____ VENDOR#:

*THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$179,194.85

CONTRACT, ER, OR PG NUMBER (if applicable)	CS170042001/ [REDACTED]
--	-------------------------

CODING INFORMATION:

ORGANIZATION CODE(S) TO BE CHARGED:	3155
-------------------------------------	------

DESCRIPTION OF CODING OR FUNDING SOURCE (*Indicate the exact words from coding sheet*):

ALTERNATIVES TO ABORTION

GR 100% 0101 886 3155 2955 1536 Q221

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE

July 2018 Payment

DFAS USE ONLY--DO NOT WRITE/MARK BELOW

ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL: